

# Small Cities CDBG Application Exhibits



Department of Economic and Community Development

Executive Director, Lawrence Lusardi

Office of Municipal Development

### Exhibit 3.1

**Key Project Personnel - Identify all key personnel including applicant staff, consultants, sub-grantee personnel who will be involved in the proposed project.**

Name	Organization	Project Role	Qualifications

**Exhibit 4.1****Project Financing - Identify all potential sources of financing in order of lien position.**

Source of Funds By Agency	Date of Application/Commitment	Date of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Type of Funds (i.e. grant/loan)	Rate and Terms of Funding (if applicable)	Annual Debt Service	Name & Phone # of Contact Person
Total Cost							

**Definitions****Firm Commitment(FC)**

Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)**

Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)**

There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)**

Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

**Exhibit 4.1.1****Use of Project Funds**

	<b>Non-Small Cities Funds</b>		<b>Small Cities Funds</b>		
	<u>Cash</u>	<u>In-Kind</u>	<u>Grant</u>	<u>Total</u>	<u>Soft Costs as % of Total Cost</u>
	\$	\$	\$	\$	
Infrastructure					
Community Facilities & Improvements					
Removal of Arch. Barriers					
Public/Social Services					
Relocation					
Rehab., Preservation & Housing Activities					
Economic Development					
Planning					
General Administration	\$	\$	\$	\$	
Financial Reviews			\$	\$	
Total Program Activity Costs	\$	\$	\$	\$	

**Exhibit 4.1a.**

**Operating Funds and Rental Subsidies**

Source of Funds By Agency	Date of your Application	Date of Commitment:	Type of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Contract Period	Name & Phone # of Contact Person

**Definitions**

**Firm Commitment(FC)**

Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)**

Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)**

There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)**

Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

**Exhibit 4.1b.**

**Financial or Programmatic Link with Social Service Providers**

Provider Agency	Date of your Application	Date of Provider's Letter/ Commitment	Type of Commitment: Indicate FC/CC/NC/AP	Name & Phone # of Contact Person

**Definitions**

- Firm Commitment (FC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, without condition.
- Conditional Commitment (CC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, with conditions.
- No Commitment (NC)** There is no documentation from another funding source identified by the applicant.
- Application Pending (AP)** Attach a letter or other written documentation from the provider or funding source(s) indicating that they have received information/application for the specific project.

**Exhibit 4.7 Project Time Table****Small Cities CDBG  
Project Schedule**

1. Applicant Name: \_\_\_\_\_

3. Program Year: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

4. Grant # (if awarded): \_\_\_\_\_

Activity	Total Budgeted \$ Amount		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr
Construct/ Activity Costs		Projected Expenditure								
Project Soft Costs		Projected Expenditure								
Admin.		Projected Expenditure								
Total Costs		Projected Expenditure								

Note: The \$ amounts listed under quarters 1-8 should reflect the cumulative totals for the line item.

**If approved, the schedule will become an Appendix to the Assistance Agreement. You will be monitored for compliance with these dates. Therefore, you must estimate the dates as wisely as possible.**

Please provide projected dates of completion for the following. Be advised that these dates will be considered part of your project schedule.

Project Design and Specifications Completed: \_\_\_\_\_

Construction Bid Opening Date: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_